## **INFORMATION SHEET**

The Internal Security Division (ISEC) will investigate all reports if evidence is sufficient to proceed. Your identity will be held in strict confidence.

Name of person making co	omplaint/referral:			
Address:	City	<del>.</del>	State:	Zip Code:
Phone Number:				
Name of person you are re-	porting:			
Social Security Number:			Occupation:	
Home Address:		City:	State:	Zip Code:
Phone Number:	D.O.B.:	Sex:		
Alleged Employer:				
Employer Address:		City:	State:	Zip Code:
Employer Phone Number:				
Work Site (if different from Above):				
Work Schedule:				
How long has referral been working for alleged employer?				
Method of payment	on payroll	off books		
Name of previous employe	er:			
Address:	City		State:	Zip Code:
Reason for referral or why fraud is suspected:				

If this matter been reported to any organizations, please identify the organizations.

Mail to: Department of Industrial Relations Attn: Internal Security Division 649 Monroe St. Montgomery Ala 36131